## MILFORD AMBULANCE SERVICE

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## ~ 2004 REPORT ~

Milford Ambulance Service continued its important charge of providing emergency ambulance coverage to the Town of Milford in a proud and professional manner during 2004.

Activity: Milford Ambulance Service responded to a total of 1,104 calls, an increase of 113 calls compared to 2003, or an 11.4% increase in call volume. Patient contacts increased by 10.4% per request compared to 2003. Of the 1,222 patients evaluated and/or treated, 881 patients were transported to the hospital of their choice with 341 patients refusing transport. The surrounding communities of Amherst, Brookline and Wilton provided mutual aid ambulance coverage to Milford on 21 occasions when both of the Service's ambulances were unavailable due to either rendering assistance or being out of service for maintenance.

<u>Education</u>: 2004 was a banner year for Service involvement in community education programs, staff training and development, and participation in the development of future State of New Hampshire and national EMS initiatives. MAS training and community education programs totaled 446 hours and reached over 2,400 individuals and students during 2004.

Community Education - MAS continued to expand its community education program with the graduation of two employees from a National Highway and Traffic Safety Administration (NHTSA) sponsored pilot program entitled Enhanced EMS. The program was the first of its kind in the country and was developed by Dr. Joe Sabato and administered in conjunction with Keene State College. EMS providers are on the front line of the emergency care system and have an intimate knowledge of the issues associated Using this information base, the program's objective is to with traumatic injury. incorporate prevention activities into the role of pre-hospital healthcare providers with the goal of reducing injury, death, pain and suffering and overall health care system costs due to trauma. Seminars included methods on how to develop effective Prevention Education programs through coalition building and using various sources of information including problem identification, injury cause and associated factors analysis and demographics to name a few. Other seminars included use of evaluation tools such as pre and post-surveys, questionnaires and statistical analysis to gauge education effectiveness.

Armed with the knowledge obtained from this program, MAS built a coalition of partners including the Milford High School chapter of Students Against Destructive Decisions (SADD), Milford Fire and Police Departments and local business, that designed and implemented a campaign using accepted methods to modify behavior through education, enforcement and incentive to increase the perceived low seatbelt use of the high school student driving population.

Pre-education campaign observation studies revealed a 51.6% use rate by males and a 60% use rate by females. Post-education campaign observation studies revealed a 58.9% use rate by males and a 77% use rate by females. The result of this campaign, demonstrated an 11% overall increase in the use of seatbelts by the high school student driving population thereby validating the methods and techniques used in this campaign. More importantly however, an increase seat belt utilization rate will help reduce injury and death associated with motor vehicle crashes. By restraining occupants within a car, drivers are less likely to lose control of the vehicle in emergency avoidance situations and occupants will not strike interior portions of the vehicle or be ejected.

The results of this Seatbelt Use Education program demonstrate the effectiveness of community education programs to modify behavior that will pay dividends through the reduction of injury, death, and health care system costs.

Additionally, the Service taught a 110-hour National Registry EMT-Basic course, from which one student was recruited by the Service. The Basic course is a combination of lecture and skills instruction covering human anatomy and physiology, medical emergencies, sudden illness, bleeding control, splinting, childbirth, pediatric emergencies, cardio-pulmonary function, CPR, emergency driving and response and more.

The Service taught several Cardio-Pulmonary Resuscitation (CPR) courses during the year. Many citizens including the Milford High School - Students Against Destructive Decisions (SADD) chapter took advantage of this life-saving training.

The Service participated in several public education and relation programs with the schools and general public designed to enlighten the public on the capabilities of the Service and how to respond to a medical emergency.

<u>Training</u> - Four members of the Service upgraded their certification level to EMT-Intermediate by completing an 88-hour National Registry approved course. The course provided increased knowledge in the areas of cardio-vascular function and pathophysiology of shock. Particular emphasis was placed on skill sets to be used in the field including IV catheterization and the administration of IV fluids, limited medication administration for the treatment of hypoglycemia (low blood sugar), asthma, and cardiac arrest.

A continued emphasis was placed on expanding the delivery of in-house training to staff through web-based applications. MAS maintains a web page for access by attendants to complete various in-house generated training programs for continuing education and Field Training of new members.

Milford Ambulance Service was selected by the NH Bureau of EMS (NHBEMS) as one of five sites in the State to conduct a pilot EMT refresher training program entitled Alternative Refresher Training Program (ARTP). Every licensed Emergency Medical Technician (EMT) at either the Basic or Intermediate level must take a 24-hour refresher course every two years in order to re-certify as an EMT. Currently, an attendant will take a 24-hour refresher usually taught over a three-day span. The ARTP is designed to teach the required curriculum in blocks over the entire two-year re-certification cycle. As 65% of EMS in the State is provided by volunteers, this method of refreshing should make it easier for volunteer attendants to obtain their required refresher training while reinforcing the attendant's skill set and knowledge base.

MAS expanded its role in the area of education with three members of the Service joining four other individuals to become NHBEMS Instructor Trainers to train fellow EMS educators in Trauma Triage and Trauma Documentation.

The Trauma Triage portion of the course is designed to highlight the importance of quickly and accurately assessing a patient's injuries and triaging these patients so that they will be transported to hospitals capable of addressing their immediate needs. Further, students are reminded of the importance of air-medical transport as a viable component in the EMS system. Trauma Documentation stresses the importance of accurate completion of the Patient Care Report (PCR). From the PCR, injury severity can be determined to better understand patient outcomes based on time and what type and when treatment interventions were initiated.

Additionally, these same individuals will be participating in the Bureau's rollout and training on the use of the upcoming electronic Patient Care Report program. The two programs are part of an overall program designed to enhance data collection to scientifically evaluate the effectiveness of trauma care. Through data collection, pre-hospital care can be adapted, as needed, to change in response to a better understanding of the human body and interventions that improve patient outcome and those that do not.

<u>Development</u> - MAS participated in the development of the State of NH response to a National Scope of Practice Model by providing input on a draft version of the document. The final document will be submitted to a National committee for consideration of the input provided. The Scope of Practice document is intended to define the future of EMS and how EMS will be delivered over the next twenty years.

Based on the Service's reputation within the State, MAS was asked to send a representative to be a member of the Medical Control Board Protocol Sub-committee Review Panel. The Committee consisted of individuals representing the entire spectrum of providers in the EMS community including Emergency Department physicians, hospital EMS coordinators and field providers. This Committee met once a month during 2004 with the goal of comprehensively reviewing the protocols used by field providers of all certifications levels in the State. During the year, the Medical Control Board, whose responsibility is the oversight of EMS care in the State, reviewed and approved the changes recommended by the Committee. Within the next month, the entire protocol document will have been reviewed and approved for use by field providers.

Membership: Volunteers, encompassing National Registered Emergency Medical Technicians at the Basic, Intermediate and Paramedic levels, continue to be the backbone of the Service. During 2004, the volunteer staff covered over 22,464 hours of call shift time in a professional and compassionate manner. Additionally, mandatory continuing education exceeded 1,400 hours. Continuing education covered such topics as patient assessment, cardiac care, airway control, cervical spine immobilization and more.

In 2004, the Service recruited six new members to offset the loss of eight members. The new attendants completed, or are in the process of completing, a Field Training Program (FTP). The FTP is a Service initiated program designed to orient new members to Milford Ambulance Service operations and assisting the trainee in applying their EMT skills in the field. Efforts continue toward recruitment and retention.

<u>Awards</u> - MAS recognized several members for their individual contributions to the Service throughout the year.

Two volunteer members were honored as Member of the Year. The co-recipients each provided assistance above and beyond their regular duties. Additionally, these members promoted a spirit of team and provided selfless dedication to the Service and the citizens of Milford.

One member was nominated for the NHBEMS Instructor of the Year. While this individual ultimately was not selected for this award, this individual's contribution to the Service in the area of training was worthy of nomination.

Five volunteer members were recognized for their contribution of time for shift coverage. These members provided over 1,000 hours of shift coverage with two individuals providing over 1,700 hours.

These deserved awards emphasis the value of the individuals who contribute to the Service on a daily basis, which makes the Service second to none in the State. The citizens of Milford can be proud to have these individuals protecting them and available at a moments notice.

Ambulance Study Committee: In mid-2004, the Board of Selectmen appointed a committee to analyze various alternatives for the provision of EMS to the town. Throughout this process, the Service provided input and additional information to the Committee when requested. For financial reasons, the Committee recommended that you, the citizen, decide whether to retain ambulance operations and assets, or to privatize.

The decision that will be placed before the citizens is not an easy one. Voters will be faced with deciding to retain direct, local control of ambulances and associated assets or to contract for a private service to provide EMS coverage.

<u>Billing and Revenue:</u> Of \$471,187 in generated revenue, the Service collected \$255,356 through December 31, 2004. These funds were deposited in the general fund, offsetting the overall cost of providing ambulance coverage to the taxpayer. The net budget impact for 2005 is estimated to be approximately \$340,000.

To the personnel of the Milford Ambulance Service – Thank you for the dedication, professionalism, and quality pre-hospital emergency healthcare that you consistently provide and practice. It is these attributes that make Milford Ambulance Service a high quality ambulance service of which the citizens of Milford can be proud.

On behalf of Milford Ambulance Service, I would like to thank the Town and my many colleagues for their continued support during 2004. The Service will continue to provide quality emergency pre-hospital care while continuing to earn your respect, trust and support in 2005.

Respectfully submitted,

Eric Schelberg

Director

## Request for Medical Aid Monthly Analysis - 2004

During 2004, Milford Ambulance Service responded to 1104 of 1079 requests for medical aid in Milford. The 21 requests that the Service was unable to respond to were responded to by mutual aid ambulance services. Additionally, Milford Ambulance Service provided mutual aid ambulance coverage to the other communities on 25 occasions.

The following graphic is a monthly breakdown of said requests:

<u>Month</u>	<u>Monthly</u>	Mutual Aid to	Mutual Aid Requests by Other	Mutual Aid Requests by Other Towns	
	<u>Total</u>	<u>Milford</u>			
January	80(1)	* 1	Amherst/Mont Vernon:	11	
February	75(1)	1	Brookline:	0	
March	108(4)	1	Wilton/Lyndeborough:	14	
April	76(1)	0	Total	25	
May	101(4)	3			
June	87(2)	2	Number of Individuals	1,222	
July	84(1)	0	Transported:	881	
August	108(1)	0	Number of individuals that		
September	95(1)	2	Refused Transport:	341	
October	102(8)	2	Total Patient Contacts:	341 <b>2,444</b>	
November	68(0)	1			
December	120(1)	5	Total requests for medical aid in		
Total:	1,104(25)	21	Milford in 2004:	1,079	

<sup>\*</sup> The number in parenthesis is included in the monthly total and indicates the number of mutual aid assists by Milford Ambulance Service to other communities.

The following graphic is a monthly breakdown of said requests:

## Complaint Analysis - 2004

Cardiac	85		
Cardiac Arrest	7		
Respiratory	121		
CVA	17	Location Analysis - 2004	!
Seizure	23	Home/Residence	470
Diabetic	25	Elderly Housing	54
Abdominal	54	Physicians Office	20
Syncope	27	Milford Medical Center	25
OD (Drugs/Alcohol)	22	Commercial/Industrial	35
Fractures	13	School	14
Bleeding/Shock	42	Nursing Home	89
Head Injury	57	Hospital	2
Burns	5	Motor Vehicle Accident	112
Psychological	24	Other	340
Unresponsive	14	Total:	1222
General Weakness	24		
Generalized Pain	203		
Other	129		
No Transport	341		
Total:	1,222		